

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 03560.003362 First Named Inventor or Application Identifier YASUFUMI TANAAMI, ET AL. Express Mail Label No. 15424 U.S. 666622 09/12/03																
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification Total Pages 27 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 17 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																
ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: _____																		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <i>Prior application information:</i> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u> </u> / <u> </u> <i>Examiner</i> _____																		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																		
18. CORRESPONDENCE ADDRESS <div style="text-align: center;">05514</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; padding: 5px;">(Insert Customer No. or Attach bar code label here)</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="padding: 5px;">NAME</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Address</td> </tr> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 25%; padding: 5px;">Zip Code</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Country</td> <td style="width: 25%; padding: 5px;">Telephone</td> <td style="width: 25%; padding: 5px;">Fax</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below	NAME			Address			City	State	Zip Code	Country	Telephone	Fax
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City	State	Zip Code																
Country	Telephone	Fax																

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	54-20 =	34	X \$ 18.00 =	\$612.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$280.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$1,642.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$1,642.00

19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

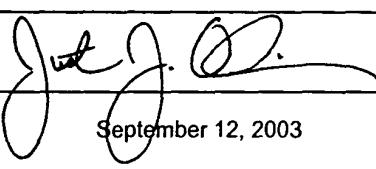
20. A check in the amount of \$ 1,642.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Justin J. Oliver - Reg. No. 44,986
SIGNATURE	
DATE	September 12, 2003

JJO/tmm

Form #125

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